

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>5805</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Peter</u> <u>A</u> <u>McKinstry</u> P.O. Box, Bldg., Room No., if any Street <u>6915 Pin Oak Drive</u> City <u>Boston</u> State <u>New York</u> ZIP Code + 4 <u>14025</u>	4. Name, file number, and address of labor organization. Name <u>Machinists AFL-CIO Lodge 447</u> Labor Organization File Number <u>015-451</u> P.O. Box, Building and Room Number, if any Street <u>55 Washington Street</u> City <u>Brooklyn</u> State <u>New York</u> ZIP Code + 4 <u>11201</u>
5. Position in labor organization. <u>Business Representative</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

Date

7/29/05

Telephone Number

716-877-3022

Name of Person Filing Peter McKinstry

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Machinists Income Security Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1289 Kenmore Avenue

City Kenmore

State New York

ZIP Code + 4 14217

9. Business deals with:

☐

a. Labor Organization

☒

b. Trust

☐

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Machinists Income Security Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1289 Kenmore Avenue

City Kenmore

State New York

ZIP Code + 4 14217

11.a. Nature of such dealing.

Union officer who was reimbursed expenses as a Trustee of related pension fund. Also received meal for attending trustee meetings.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

All payments related to reimbursed conference expenses were for the International Foundation of Employee Benefit Plans (IFEPP) annual educational conference in New Orleans Dec 2004. Received meals for attending of trustee meetings. See attached schedule.

12.b. Amount.

\$2,097

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

Supporting Schedule to (first) Part B, Item 12b Form LM-30

<u>Date of Payment</u>	<u>Amount of Payment</u>	<u>Description</u>
04/23/04	\$ 915.00	IFEBP - conference registration fee
04/23/04	\$ 208.00	IFEBP - conference expense - transportation & parking
12/21/04	\$ 490.00	IFEBP - conference expense - hotel room
12/21/04	\$ 216.00	IFEBP - conference expense - meals
12/21/04	\$ 74.00	IFEBP - conference expense - transportation & parking
02/26/04	\$ 55.00	Estimated value of meal provided for attending of trustee meeting
05/06/04	\$ 75.00	Estimated value of meal provided for attending of trustee meeting
12/9/2004	\$ 64.00	Estimated value of meal provided for attending of trustee meeting
	<u>\$ 2,097.00</u>	